

PLEASE NOTE:
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FOLLOWING:

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

ATTORNEY DOCKET NO.

As a below named inventor, I hereby declare that: my residence post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or a joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: *

Beverage Can

the specification of which is attached hereto unless one of the following boxes is checked:

- ☐ The Specification was filed on _____ and was assigned
Serial No. _____ and was amended on _____
☐ was filed as PCT international application number _____ on
_____ and was amended under PCT Article 19 on _____
(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof, or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows:

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below:

Prior Foreign Application(s)

Priority Claimed

202 15 265.0
(Number)

Germany
(Country)

10/04/2002
(Month/Day/Year Filed)

☒ Yes ☐ No

(Number)

(Country)

(Month/Day/Year Filed)

☐ Yes ☐ No

(Number)

(Country)

(Month/Day/Year Filed)

☐ Yes ☐ No

(Number)

(Country)

(Month/Day/Year Filed)

☐ Yes ☐ No

(Number)

(Country)

(Month/Day/Year Filed)

☐ Yes ☐ No

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More Than 12 Months (6 Months for Designs) Prior To The Filing Date of This Application:

Country

Application No.

Date of Filing (Month/Day/Year)

I hereby claim the benefit under Title 35, United States Code, §120. of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)

(Filing Date)

(Status — patented, pending, abandoned)

(Application Serial No.)

(Filing Date)

(Status — patented, pending, abandoned)

*NOTE: Must be completed.

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

Vincent L. Ramik - Registration N . 20,663

PLEASE NOTE
YOU MUST
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Annandale, Virginia 22003
Telephone (703) 642-5705

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor: Insert Name of Inventor (insert Date This Document is Signed) Insert Residence Insert Citizenship	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	DATE
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Full Name of Second Inventor, if any: see above	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	DATE
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Full Name of Third Inventor, if any: see above	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)			
	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	DATE
Full Name of Fourth Inventor, if any: see above	RESIDENCE (City, State & Country)		CITIZENSHIP	
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)			
	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	DATE
Full Name of Fifth Inventor, if any: see above				
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Full Name of Sixth Inventor, if any: see above	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	DATE
	RESIDENCE (City, State & Country)		CITIZENSHIP	
Full Name of Seventh Inventor, if any: see above	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)			
	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	DATE
Full Name of Eighth Inventor, if any: see above	RESIDENCE (City, State & Country)		CITIZENSHIP	
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	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	DATE
Full Name of Ninth Inventor, if any: see above				
	RESIDENCE (City, State & Country)		CITIZENSHIP	
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)			

*Name must be completed
— date this document is
signed.